



# Chi Chi Rodriguez Youth Foundation

## VOLUNTEER Application

The mission of The Chi Chi Rodriguez Youth Foundation is to educate students in a public-private partnership and improve their academic performance, self-esteem, and character using the golf course as a living classroom.

Applications can be emailed to [al@chichi.org](mailto:al@chichi.org) or dropped off at the Golf Club Pro Shop

The Chi Chi Rodriguez Youth Foundation  
Attention: Al Arrigoni  
3030 N. McMullen Booth Road  
Clearwater, FL 33761  
727. 726. 8829 x 215  
[www.chichi.org](http://www.chichi.org)

It is necessary to fully complete the background check authorization form found on the last page to proceed with the application process.

**We greatly appreciate your interest in helping all children reach their full potential through your efforts and kindness.**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best day time contact number: \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Volunteer Opportunities

Areas available:

\_\_\_ First Tee                      \_\_\_ Golf Course                      \_\_\_ Driving Range

\_\_\_ Academy Executive Committee    \_\_\_ Auction Committee    \_\_\_ Special Events

Start date available: \_\_\_\_\_

Hours you are available to volunteer: \_\_\_\_\_

Days of week you are available to volunteer: \_\_\_\_\_

Are you able to work:  Weekends

Holidays



I certify that I have provided true, accurate and complete information on this form to the best of my knowledge. I understand that any false information or omission may be grounds for rejection of my application or volunteer status. I understand that if I am offered volunteer status, I will be required to produce original documents verifying my identity and authorization to work in the United States in compliance with federal law.

Pursuant to my participation as a volunteer, I recognize that there are risks and possible injuries that one may sustain through such participation, including, but not limited to the following:

- (i) being struck by a golf club or golf ball;
- (ii) being struck by a golf cart or other vehicle;
- (iii) falling due to terrain;
- (iv) injuries arising from sports, physical exertion, or activities;
- (v) injuries arising from lightning, heat, cold, rain or other weather-related factors; and
- (vi) any other injuries or damages I may sustain as a volunteer.

In return for being permitted to participate as a volunteer, I assume all risks associated with my participation and agree that I, my assignees, heirs, distributees, guardians, legal representatives, and all those claiming through me, release, waive, hold harmless, and agree not to make a claim against or sue The First Tee of Clearwater or any of its employees, directors, agents, or volunteers, on account of injury or damages resulting from my participating as a volunteer. I have fully and carefully read this release, fully understand its contents, and sign it of my own free will.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if applicant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_